



The City of Rancho Palos Verdes' Recreation and Parks Department presents:



Night at the Museum "The Sleepover"

Calling all girls and boys ages 7 to 12 years! Join the staff and volunteers of the Point Vicente Interpretive Center for a night of fun and fantasy. Bring your sleeping bag, pillow and p.j.'s! We'll enjoy movies and snacks, fun crafts, a night hike, and more. This program is designed to give parents the night off and kids a night out. Snacks and breakfast will be provided.

Pre-registration is required and enrollment is limited. Register online at <https://apm.activecommunities.com/rpv>

For more information, please call the RPV Recreation & Parks Department at 310-544-5260.

Date: Friday, October 16, 2015 6:30 p.m. – Saturday, October 17, 9:00 a.m.

Ages: 7 - 12 years

Fee: \$49 Per Child

Location: Point Vicente Interpretive Center

31501 Palos Verdes Drive West, Rancho Palos Verdes

"Parent's Night Off!"



Night at the Museum - Registration Form

Friday, October 16, 2015 at 6:30 p.m. - Saturday, October 17, 2015 at 9:00 a.m.

Point Vicente Interpretive Center, 31501 Palos Verdes Drive West, Rancho Palos Verdes
Limited Space. Pre-registration required.

(Deadline: Oct. 2nd or When maximum enrollment is met)

Parent Name(s) _____ Home Phone _____

Address _____ Cell Phone _____

City & Zip Code _____ E-mail _____

Name and Date of Birth (mm/dd/yy) of participating children

_____ Date of Birth _____, _____ Date of Birth _____

TOTAL number of children _____ x \$49 each = \$ _____

Register Online at <https://apm.activecommunities.com/rpv>

or make checks payable to: City of RPV

Total Payment \$ _____

I agree to release and hold harmless the City of RPV from any and all claims which arise in conjunction with injuries or losses sustained by the participant (s) in connection with participation in the program for which I am enrolling hereon. Participants grant permission to be photographed and allow the utilization of such pictures in Department publications or the media. No refunds will be issued.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND POLICY.

Print Name: _____ Signature _____ Date _____

If check mail completed form and payment to: RPV Recreation and Parks – Night at the Museum
30940 Hawthorne Blvd., Rancho Palos Verdes, CA 90275



Today's Date _____

City of Rancho Palos Verdes
30940 Hawthorne Boulevard Rancho Palos Verdes, CA 90275 (310)544-5260

Emergency Contact and Medical Information

Child's Name _____		Date of Birth _____		M _____	F _____
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____		Sex _____	
() _____	() _____	() _____	() _____		
Primary Contact Number _____	Secondary Contact Number _____	Primary Contact Number _____	Secondary Contact Number _____		
Address _____		Address _____			
City, State, Zip Code _____		City, State, Zip Code _____			

Alternate Emergency Contacts

Alternate Primary Emergency Contact _____	() _____	() _____
	Cell phone	Home phone
Address _____		
City, State, Zip Code _____		

Medical Information

Allergies/Special Health Considerations _____

Please List any Medications _____

Consent To Treat

We, as the parents/guardians of the minor (dependent) child listed above, consent to any x-ray, examinations, anesthetics, medical or surgical diagnostic or treatment procedures deemed necessary for his/her treatment by our physician,

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Or by the emergency physician on duty at a licensed hospital. It is further permitted for the Recreation and Parks personnel in charge of the activity in which the above name participant is attending to administer any first-aid treatment deemed necessary and proper for the safety and well-being until qualified medical help may be summoned. It is understood that this consent is given in advance of a specific diagnostic procedure or treatment being required, but is given to encourage said personnel and physician to exercise their best judgment as to the requirements of such first-aid or medical diagnosis of treatment. This consent shall remain effective for a period of two (2) years unless revoked sooner in writing and delivered to the City of Rancho Palos Verdes Department of Recreation and Parks, 30940 Hawthorne Boulevard, Rancho Palos Verdes, CA 90275.

Parent's/Guardian's Signature _____

Date _____

Witness Signature _____

Date _____



City of Rancho Palos Verdes
Point Vicente Interpretive Center
31501 Palos Verdes Drive West
Rancho Palos Verdes, CA 90275
(310) 377-5370

Dear Parents/Guardians,

We are excited your child is registered for the **Night at the Museum** sleepover on Friday, October 16, 2015 at the Point Vicente Interpretive Center. Drop off on Friday is between 6:30pm & 6:45pm and pickup is on Saturday morning between 8:45am & 9:00am. Please check in your child with our staff and bring the completed Emergency Contact and Consent Form. Please bring a form of Photo ID for drop off and pick up.

Night at the Museum is a fun and educational opportunity for your child. The program will include a tour of the museum, a scavenger hunt, crafts, a movie, a night walk and more. Snacks will be provided in the evening and a full breakfast will be served in the morning. **Please ensure your child has eaten dinner prior to arrival.**

Personal electronic devices are not permitted, as they tend to isolate the participant. Cell phones are discouraged and their use will be limited to special circumstances. We look forward to meeting you and encourage you to call if you have any questions or concerns.

For your convenience, we have also included a list of recommended items your child should bring for the sleepover.

Thank You

Emily Rodin, Recreation Specialist
City of Rancho Palos Verdes
Point Vicente Interpretive Center
310-377-5370



City of Rancho Palos Verdes
Recreation & Park Department

Night at the Museum Sleepover
List of items to bring

1. Sleeping Bag
2. Pillow
3. Stuffed Animal (optional)
4. Pajamas
5. Change of clothes for the morning
6. Tooth Brush/ Toiletries
7. Jacket
8. Sneakers (walking shoes)
9. Slippers or warm socks (for inside at night)
10. Medication with instructions (if any necessary)

***Please inform staff in advance of any special needs.**